

Office of Program Review and Audit

Customer Satisfaction Survey

The Office of Program Review and Audit (OPRA) is always interested in learning how we might better meet your needs in the future. Please take a few minutes to complete our survey.

You represent (please check one): ___ county, tribe or 51 board; ___ other local unit of government; ___ nonprofit or for-profit agency; ___ audit firm; ___ state government; ___ other (please specify): _____

A. Timeliness and quality of response to requests for information:

Have you requested information from us within the last year? Yes _____ No _____

If **yes**, please provide feedback on how well we met your expectations:

Timeliness of Response			Topic	Quality of Response				
Same Day	Same Week	Longer than a Week		Very Good	Good	Fair	Poor	Very Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Specific audit project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Allowable cost issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Audit policy issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Funding information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Audit extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Request for document/publication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

B. The Administering and Auditing Government Funding section of the DHFS Website - www.dhfs.state.wi.us/grants/

- How often do you use our website? _____ *Never* _____ *Occasionally* _____ *Frequently*
- How easy is our website to use?
_____ *Very Easy* _____ *Easy* _____ *Fair* _____ *Difficult* _____ *No Opinion*
- Did you find the information you were looking? _____ *Yes* _____ *No*
- If **No**, what you were looking for that you did not find?

Comments: (if your comment relates to a particular web page, please provide the web address for the page)

C. Please rate the following audit and grant administration documents.

Resources (please, skip any that you have not used)	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Audit Alert Bulletin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowable Cost Policy Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management Handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Agency Audit Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract Administrators Toolbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Care Audit Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Single Audit Guidelines including the DHFS appendix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consolidated Public Health Contracts Audit Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing & Resolving Audit Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

D. In what way can we help you meet your needs in the future?

E. What is the biggest issue that you anticipate your agency will be facing over the next year?

Optional information:

Name: _____

Agency/Firm: _____

Please return to:

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FAX to:

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